

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3						
4						
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6						
7						
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9						
10		2				
11	1	2				
12	1					
13	2					
14	2					
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16	1					
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TOTAL IND.	5					
TOTAL DEP.	27					
TOTAL CLAIMS	32					

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